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CHANGE OF ADDRESS/POWER OF ATTORNEY

FILE LOCATION 21C2 SERIAL NUMBER 09488865 PATENT NUMBER

THE CORRESPONDENCE ADDRESS HAS BEEN CHANGED TO CUSTOMER # 28211

THE PRACTITIONERS OF RECORD HAVE BEEN CHANGED TO CUSTOMER # 28211

ON 04/24/01 THE ADDRESS OF RECORD FOR CUSTOMER NUMBER 28211 IS:

FREDERICK W. GIBB, III
MCGINN & GIBB, PLLC
8321 OLD COURTHOUSE ROAD
SUITE 200
VIENNA VA 22182-3817

AND THE PRACTITIONERS OF RECORD FOR CUSTOMER NUMBER 28211 ARE:

33352 37629

PTO INSTRUCTIONS: PLEASE TAKE THE FOLLOWING ACTION WHEN THE
CORRESPONDENCE ADDRESS HAS BEEN CHANGED TO CUSTOMER NUMBER:
RECORD, ON THE NEXT AVAILABLE CONTENTS LINE OF THE FILE JACKET,
'ADDRESS CHANGE TO CUSTOMER NUMBER'. LINE THROUGH THE OLD
ADDRESS ON THE FILE JACKET LABEL AND ENTER ONLY THE 'CUSTOMER
NUMBER' AS THE NEW ADDRESS. FILE THIS LETTER IN THE FILE JACKET.
WHEN ABOVE CHANGES ARE ONLY TO FEE ADDRESS AND/OR PRACTITIONERS
OF RECORD, FILE LETTER IN THE FILE JACKET.
THIS FILE IS ASSIGNED TO GAU 2133.



Bib Data Sheet


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SERIAL NUMBER 09/488,865	FILING DATE 01/21/2000 RULE -	CLASS 714	GROUP ART UNIT 2785	ATTORNEY DOCKET NO. BUR980145US2
APPLICANTS Daniel Ben-Ezri, South Burlington, VT ;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/182,168 10/29/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/23/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY VT	SHEETS DRAWING 7	TOTAL CLAIMS 22 INDEPENDENT CLAIMS 4
ADDRESS				
# 3 McGinn and Gibb P C 1701 Clarendon Boulevard Suite 100 Arlington, VA 22209 <i>Customer # 28211</i>				
TITLE				
Method for translating two-dimensional cell-coordinates of a memory product to n-dimensional physical addresses				
FILING FEE RECEIVED 804	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	